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APPENDICITIS: A PERSONAL EXPERIENCE.

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The first time I ever heard of the vermiform appendix was during my boyhood, when a peculiarly sad death caused a solemn-faced old doctor to remark that if "a seed ever gets lodged there and breaks through the lining of the bowel the patient is bound to die." It was years after that I again heard of the appendix. A professor at college observed unctuously that sometimes obstructions got into the playful little pouch and that a pint or two of olive oil would be required to relieve the case. Nothing serious about it; simply pour a pint of grease down the gullet and nature would do the rest. I wondered at the time how the oil could do so much—and I have found nothing in later years to throw any light upon the subject. It is a beautiful fancy, one peculiarly suited to the lazy and the ignorant, but it falls so far short of the demands of modern treatment that the man who trusts a case of appendicitis to olive oil may be classed with the snags in the stream of progress. The olive oil simpleton is only a shadow removed from the confiding idiot who adds to a loaded appendix a load of morphine.

At various times within a year I felt a dull pain in my right iliac region—never severe, never once causing nausea, rarely becoming sharp, and sometimes disappearing entirely for weeks. It annoyed me at intervals, occasionally paining at night but leaving as a rule at the end of a few hours. I observed a tendency to flexing my right thigh upon the abdomen, and once in a great while would leave my chair and walk around to test the efficacy of physical exercise as an anodyne.

One night I came home after operating upon a terrible case of appendicitis, complicated with pus, perforation, pockets, gangrene of the omentum and general peritonitis, and my memories of the day were not brightened by the persistent, nagging grind in my cæcal region. I said to myself, "This is all nonsense—a foolish illusion—something on the level of superstition and I don't care if my appendix explodes before sunrise." But sleep came not—pain, pain; not sharp, but wonderfully persistent. Along towards morning I got some sleep, but the pain returned when I got on my feet again. I went to consult a

professional brother. I told him the facts as near as I could and asked him if he did not want to make an examination.

For a reply he fairly roared and shook with laughter. He told me the story of the old fox that got his tail cut off in a trap and assured me that it had no personal application. He joked me, punched me in the ribs, said mine was a case of arousing conscience, possibly a dose of retribution, declared that the appendix was a fad intended only for the rich and idle—"a gentleman's ailment, don't you know?" and that if a man did get a silver spoon lodged in his appendix the indicated remedy and a dozen or two smiles would cure the case so quickly that the patient would be left with a permanent case of swimming of the head.

I tried to explain that I frequently operated for other ailments, that I had ripped out forty tumors to one appendix, but this made no difference; I was an ass of the first water for supposing that a Junebug *could* lodge in *my* alimentary canal.

Leaving my friend I sneaked away cautiously and hoped that I would not meet an acquaintance for at least two hours, until I could in some sort collect myself. However, the matter leaked out and I became the target for all the unattached and non-adherent wit among my friends. A close personal friend in a distant city, and to whom I am peculiarly attached, the most brilliant and powerful writer in his field, penned me a cyclone of wit, pathos, anecdote and reminiscence, and wound up by saying:

"Stop your nonsense; let your patients have appendicitis and you mind your own business. Take the indicated remedy."

The indicated remedy, however, was evidently not indicated in my case. I think I did get partial relief a few times from remedies, but it was only palliation, and when the indicated remedy fails, the thing to do, of course, is to allow the patient to die! Not by a jug full. Use no drug but the indicated one, and when that fails operate at once.

But the pain! It came, it stayed, it went, it returned. It hurt me before breakfast, it gouged me at lunch, it squeezed me at the dinner-table, it went with me to church once, it grew more and more attentive and finally became so excessively intimate that I put an end to dilly-dallying by saying:

"I *know* that there is some trouble in my cæcal region. My tissues are clean, my system free from constitutional disease, my stomach is sound and my vitality very high. I am not afraid of anything but uncertainty. There is the smallest imaginable risk, provided I am operated upon now. On the other hand there is the devil's own chain

of probable troubles. *My case demands a rational investigation* — and one look is worth all the guesses in creation. I want some one to look down the barrel of my appendix and make *sure* that it is not loaded."

One beautiful Sunday morning in October I met Robert T. Morris, A.M., M.D., of the Post-Graduate Medical School, New York, at the corner of Deming Court and Lake View Avenue, and together we entered the Lincoln Park Sanitarium. We had met before, but our meeting this time was strictly professional. There was an appendix operation at hand; the famous young surgeon was to handle the weapons and I, for a change, was to furnish the target.

I am told that it was beautifully, quickly, scientifically done. A tiny incision, just an inch and a half in length, a long offending appendix was removed, the wound was closed, and — a dim view of Lake Michigan, a gush of sunlight, a disconnected remark about something or nothing, an eructation charged with sulphuric ether, the smiling face of Dr. Pratt, and I was back to earth!

The first two days I suffered considerably from gas pains, always an accompaniment of the operation, but beyond this my recovery was without incident. I took almost nothing in the way of nourishment for two or three days; after which I made royal time on Proteinol and Dr. Dadirrian's preparation called Matzoon. Proteinol is exceedingly nutritious and very palatable, and the Matzoon is unequalled for refreshing qualities. I made rapid time, stood on my feet a moment on the seventh day, was dressed and saw Dr. Pratt perform four major operations on the ninth, and on the tenth was again at my office.

My wound healed without a drop of pus, and Dr. Morris leaves no room for a ventral hernia between his four layers of sutures. His regular standard is:

"An inch-and-a-half incision and a week-and-a-half confinement."

I must confess to a decided personal and professional preference for Dr. Morris' methods over those generally adopted — a-week-and-a-half in torture and the rest of the time in the grave.

An incident is here worth recording: While watching Prof. Pratt perform one of his celebrated hysterectomies, a little piece of tissue of questionable character was found clinging to a Fallopian tube. It proved to be the vermiform appendix, healthy in all respects as far as I could judge. The appendix is sometimes a pelvic organ!

There is an immense amount of appendicitis, but, much as there is, it is small in comparison with the ignorance upon the subject. I remember that Dr. J., now a famous laparotomist, Dr. D., a widely known surgeon, and myself made an autopsy in 1883 upon a gentle-

man who had a fistula extending from a point just above the pubic junction to the vermiform appendix, and *not* one of us had an intelligent idea of how it happened. Dr. J. did, I think, suggest perforation of the *cæcum*.

The popular method of dealing with appendicitis seems to be about as follows:

1. The vermiform appendix is a dream of cranks on anatomy.
2. If there be an appendix it never becomes diseased.
3. If it does become diseased it never gives any trouble.
4. If it does give trouble the trouble never amounts to anything.
5. If it does happen to go off and kill somebody, the victim is no better than any of the legions who have gone over the appendix route before him.

As to the diagnosis these points are often observed.

1. Pain in the right iliac region is *always* ovarian.
2. But if the patient happens to be a man it comes from the liver.
3. If not from the liver, then from the cæcum.
4. Should it come from the appendix do not think of doing anything rational until pus forms—for pus is such a splendid diagnostic sign!
5. If a patient is taken down suddenly with terrible pains in his cæcal region, high pulse, prostration, etc., the case is probably appendicitis, but by all means wait for the acute attack to subside before doing anything.
6. If the patient die, it is, of course, perfectly evident that the acute attack did not subside, and, therefore, there is no need of operation.

Dickens speaks of a character whose mistakes were apt to take the form of lead. The mistakes of the appendix are much given to taking the form of a coffin.

A simpler, safer rule for dealing with the appendix, one that leaves the mortality tables almost no "per cent," one that gives no pus, no adhesions, no gangrene, no perforation, no peritonitis, no septic poisoning, no ventral hernia, may be stated thus:

When the appendix growls get your muzzle ready, and when it threatens to bite, put your muzzle on.

Dr. Morris reports as follows upon the condition of the appendix:

"(1.) *At operation.*—Appendix congested and redder than cæcum, with soft, unimportant adhesions in vicinity. Firm adhesional contraction of a portion of mesentery of appendix bound the central segment of appendix in angular position against parietal peritoneum, from which it was liberated with difficulty.

"(2.) *Gross appearance after removal.*—Not abnormal.

"(3.) *Culture experiments.*—Negative; no bacteria found in tissues.

"(4.) *Microscopic appearance.*—Mucosa and muscular layers nearly normal. Adenoid layer hypertrophic with fibroid replacement at various points, the fibroid tissue displacing mucosa and appearing at the surface here and there. The change was suggestive of the fibroid change which takes place in interstitial nephritis."

The appendix contained some concretions, the character of which Dr. Morris does not outline. Practically it makes no difference what they were.

I ought to say, in conclusion, that my pain is entirely gone, my flesh is increasing, and that I shall sit down to my Thanksgiving dinner to-morrow with a heart full of gratitude to Dr. Morris, Dr. Pratt, Dr. Holbrook, Dr. Weirick and everybody in, around and about the Lincoln Park Sanitarium.